Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

| 2 1 | | CLAINS AS | (Column 1) (Column | | | mn 2) | 2) SMALL ENTITY TYPE | | | | OTHER THAN OR SMALL ENTITY | |
|---|--|----------------------------------|---------------------------------------|-----------------------|----------------------|------------------|----------------------|----------|--|---------------------|----------------------------|---|
| TOTAL CLAIMS | | | 19 | | (00,0 | | | ATE | FEE |) | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBI | NUMBER EXTRA | | SIC FEE | 375.00 | | BASIC FEE | 750.00 |
| TOTAL CHARGEABLE CLAIMS | | | | | | | | œ o | | | | |
| | - | | * * * | | | | \vdash | \$ 9= | `````````````````````````````````````` | OR | X\$18= | A |
| | EPENDENT CL | IDENT CLAIM PI | | nus 3 = | | × | (42= | 1 | OR | X84= | 168 | |
| IVIU | | ———— | HESENT | | | | + | 140= | . '. | OR | +280= | |
| * If | the difference | in column 1 is | less than zero, enter "0" in column 2 | | | | · . T(| OTAL | : | OR | TOTAL | 919 |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | OTHER THAN | |
| | (Column 1) CLAIMS | | (Colui | | | | SMALL | | | OR | SMALL | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | R | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDN | Total | * | Minus | ** | | = | × | \$ 9= | | OR | X\$18= | |
| AME | Independent | * | Minus | *** | | = | × | 42= | | OR | X84= | |
| L | FIRST PRESE | NTATION OF M | ULTIPLE DEI | PENDEN | CLAIM | + | 140= | | OR | +280= | | |
| | | | * | | *, | | | TOTAL | | | TOTAL | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | IT. FEE | | lo,, | ADDIT. FEE | |
| AMENDMENT B | · · · · · · · · · · · · · · · · · · · | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI | | PRESENT EXTRA | R | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X | \$ 9= | | OR | X\$18= | |
| ME | Independent | * | Minus | *** | | = | × | 42= | | OR | X84= | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | | |
| | | | | | | | L | 140= | | OR | +280= | |
| | | | | | | | TOTAL IT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | | (Column 1) | | | mn 2) HEST | (Column 3) | | | · | | | |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | | NUM PREVI | IBER OUSLY FOR | PRESENT EXTRA | R | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NON NON | Total | * | Minus | ** | <u> </u> | = | X | \$ 9= | | OR | X\$18= | |
| ME | Independent | * | Minus | *** | | = | X | 42= | | OR | X84= | |
| Ľ | FIRST PRESE | NTATION OF M | ULTIPLE DEPENDENT CLAIN | | | | | | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | 140= | | OR | +280= | |
| ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | | | | |
| b. | | nber Previously Pa | | | | | r found i | n the ap | propriate bo | x in co | lumn 1. | - 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |

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| | | CLAIMS AS | (Column 1) | | (Column 2) | | 14.7 | SMALL ENTITY TYPE | | | OTHER THAN SMALL ENTITY | |
|--|---|---|--------------|-------------------------------|------------------------------|---|---------------------|------------------------|---------------------|---|-------------------------|--|
| TOTAL CLAIMS | | | 19 | | | | RATE | FEE | OR | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | BASIC FEE | | OR | BASIC FEE | 750.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 19 minus 20= | | * | | X\$ 9= | | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | minus 3 = | | * 2 | | X42= | | OR | X84= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | +140= | | OR | +280= | | |
| * If | the difference | in column 1 is | less than ze | ro, entei | r "0" in c | olumn 2 | TOTAL | | 1 1 | TOTAL | , | |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | SMALL | OR | OTHER SMALL | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | IEST BER DUSLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | X\$ 9= | | OR | X\$18= | | |
| | Independent | * | Minus | *** | | = | X42= | | OR | X84= | | |
| | FIRST PRESE | NTATION OF M | ULTIPLE DEF | ENDEN | CLAIM | | +140= | | OR | +280= | | |
| | | * | | | | | TOTAL ADDIT, FEE | | | TOTAL ADDIT. FEE | | |
| | (Column 1) (Column 2) (Column 3) | | | | | | ADDITITE | | • | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | PREVI | IBER | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | X\$ 9= | | OR | X\$18= | | |
| AME | Independent | * NTATION OF M | Minus | *** | T CL AIM | <u> - </u> | X42= | | OR | X84= | | |
| | FINOT PRESE | NIATION OF MI | OLTIPLE DEF | ENDEN | CLANI | | +140= | | OR | +280= | , | |
| | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT, FEE | | | |
| | (Column 1) (Column | | | | | n 2) (Column 3) | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | X\$ 9= | | OR | X\$18= | | |
| AME | Independent | * | Minus | *** | T () A () A | | X42= | | OR | X84= | | |
| <u> </u> | LINO I PHESE | ENTATION OF M | OLIPLE DEF | ENDEN | LAIM | | +140= | | OR | +280= | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE | | | | | | | | | | | | |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |